MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND Primary Registration District No. 3021 Registrar's A LINE DIE NA DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY 'VS 300 Grundy Mo. Grundy admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits Trenton TOWN 5_Years_ Trenton ----_Yes [¶r..No □ c. FULL NAME OF (If NOT in hospital, give location) 0405 Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR ADDRESS institution Wright Memorial Hosp. Yes 🔃 No 🗌 Yes ☐ No 🔂 2040S Cedar St. 3. NAME OF DECEASED First Middle 4. DATE Day Last Year (Type or print) John. Thomas DEATH 13. Clawson April 1963 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 0 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. Married T Never Married □ Months Days Widowed | Divorced Male White 6-14-80 82 5: 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Farming Sullivan Co., Mo. 14. NAME OF HUSBAND OR WIFE: 13b. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME 7..0 John Clawson Olive Virginia Grim Mary Ann Moberly 16. SOCIAL SECURITY NO. 17. INFORMANT 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (You po, or unknown) (If yes, give war or dates Trenton, Mo. Mrs. Virginia Clawson INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: DOCUMENT 10. IMMEDIATE CAUSE (a) 11 Δ Conditions, if any, DUE TO (b) 122 which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased CERTIFICATION there a pregnancy in last 90 days. disease condition given in PART i (a) ☐ No ☐ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO | Month, Day, Year 20c. TIME OF Hour RIBBON INJURY a.m. p.m. STATE 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK READ **YPEWRITER** 21. 1 attended the deceased fro the date stated above, and to the best of my knowledge, from the co SHOULD Death occurred 226. ADDRESS 22a. SIGNATURE 6 AFFIDAVIT 23d: LOCATION (City, town, or county) 23c. NAME OF CEMEN 23a. BURIAL, CREMATIC REMOVAL (Specify) ġ. Humphrevs Burial ¥ E 24. FUNERAL DIRECTOR Gipson-Whitaker Trenton

STATEMENT BY LICENSED EMBALMER

1 l or by	hereby certify that	t the body whose nar	side of this certificate was embalmed by me,	•	
	under my personal	supervision.		Signed Sto St Michilaki	
Student	Signature of Student Embalmer		Signed		
. :	• .			P. O. Address Justin 1980.	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.